



# Mission Australia

**CHARCOAL** LANE

## Charcoal Lane Training Program Application Form

PERSONAL DETAILS	
First Name:	Surname:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
What is your tribal/community connection:	
Address:	
Mobile:	Home:
Email:	
What are you interested in: <input type="checkbox"/> Certificate II or <input type="checkbox"/> Certificate III	
EDUCATION AND EMPLOYMENT HISTORY	
What is your highest level of education?	
<input type="checkbox"/> Primary school	<input type="checkbox"/> TAFE
<input type="checkbox"/> High school – Year level? _____	<input type="checkbox"/> University _____
<input type="checkbox"/> VCE or equivalent	<input type="checkbox"/> Apprenticeship _____
<input type="checkbox"/> VCAL _____	<input type="checkbox"/> Traineeship _____
Have you done any work experience? – paid or unpaid <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide brief details:	
Are you currently receiving any financial support/Government benefits?	
<input type="checkbox"/> Youth Allowance <input type="checkbox"/> Abstudy <input type="checkbox"/> Austudy <input type="checkbox"/> Newstart <input type="checkbox"/> DSP	
<input type="checkbox"/> Single Parent Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Other _____	
What is the name of your Job Network Provider?	

**INTEREST IN CHARCOAL LANE PROGRAM**

Why would you like to participate in the Charcoal Lane program?

Please list the skills and personal qualities that you can bring to the program?

What are some of your favourite things to do (hobbies or interests)?

List some of the goals you would like to achieve in the next two years

<b>SUPPORT SERVICES</b>		
Charcoal Lane program will have youth support workers to provide case management and support for participants. You will need to meet with your key support worker on a regular basis throughout the program and during your post placement support.		
What are some of the issues that you might like to be provided support in?		
<input type="checkbox"/> Housing	<input type="checkbox"/> Health	<input type="checkbox"/> Education
<input type="checkbox"/> Financial	<input type="checkbox"/> Drug & Alcohol	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Legal	<input type="checkbox"/> Obtaining your ID
<input type="checkbox"/> Recreation	<input type="checkbox"/> Transport	<input type="checkbox"/> Other _____
Do you have an existing case manager providing you with assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Name		
Key Contact Person		
Phone		Email
Do you consent to us speaking with this case worker to gain a better understanding of your needs and how we could support you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Referring Agency Details</b>	
Agency Name	
Key Contact Person	
Phone	Email
Do you consent to us obtaining background information from this case worker to gain a better understanding of your needs and how we could support you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Information to assist us in future planning</b>	
How did you hear about the Charcoal Lane program?	
<input type="checkbox"/> Agency <input type="checkbox"/> Flyer <input type="checkbox"/> Attendance at information sessions <input type="checkbox"/> Family/friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other _____	

In order for your application to be accepted we require your signature. If you are under 18 years of age the signature of your parent/guardian is required. This signature recognises the responsibilities and commitment needed to participate in the Charcoal Lane program.

Name \_\_\_\_\_ Date   /  /  

Signature \_\_\_\_\_ Date   /  /  

Parent/Guardian Name \_\_\_\_\_  
Signature \_\_\_\_\_

### Please return application forms

**TO:**

Stephanie Simson  
Program Coordinator – Charcoal Lane  
Charcoal Lane  
136, Gertrude St  
Fitzroy 3065

Phone: 03 94183403

Fax: 03 94183411

Mobile : 0407 863 642

Email: [simsons@missionaustralia.com.au](mailto:simsons@missionaustralia.com.au)

### Program Eligibility Criteria

To be eligible for the Charcoal Lane applicants must:

- Be aged between 16 and 30 years of age
- Have not completed Certificate II or above studies in the past (if applying for Certificate II program)
- Have not completed Certificate III studies in the past (if applying for Certificate III program)
- Be eligible for employment in Australia (no Visa restrictions)
- Have a demonstrated interest in the Hospitality industry
- Have barriers to accessing mainstream employment / training
- Have an interest in learning about Aboriginal culture and history
- Be willing to let us speak with your supports / case workers
- Be willing to undergo a standard health check

### Exclusion Criteria

Unfortunately at this time the Charcoal Lane program does not have Wheelchair access for participants.

### Suitability

Suitability for the Charcoal Lane program will be assessed on the following:

- Whether or not the program can meet the applicants support needs
- The applicants ability to demonstrate an interest in the Hospitality industry

### Application Process

- Applications close on: **insert date here**
- After this date all applications will be assessed against both suitability and eligibility criteria.
- If the applicant meets the criteria they will be asked to come in for an interview and staff will speak with their supports / case workers.
- Applicants will be notified as to whether or not have they been successful
- If not successful, applicants will be provided with the reason/s, and information on alternative programs they may be interested in